

PART B - FEE(S) TRANSMITTAL



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JUDITH L. AHRENS (Depositor's name)
 Judith L. Ahrens (Signature)
 October 28, 2009 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/799,063	03/11/2004	Raj Bridgellall	022.0033 (1677)	6745

TITLE OF INVENTION: SELF-CONFIGURING WIRELESS PERSONAL AREA NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/04/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
LTU, BEN H	2416	370-254000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
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2. For printing on the patent front page, list:
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having at a minimum 1 registered attorney or agent) and the names of 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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 01 FC:1501 2 1510.00 DA
 04 FC:1504 3 300.00 DA

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SYMBOL TECHNOLOGIES, INC. HOLTSVILLE, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502117 (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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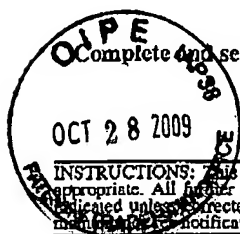
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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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Date

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Registration No.

Bartholomew J. Divita
 BARTHOLOMEW J. DIVITA
 59803

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